

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

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HAND DELIVERED
LEGISLATIVE RESOURCE CENTER

Rush D. Holt

609-750-9365

2012 MAY 14 PM 12: 56

(Full Name)

(Daytime Telephone)

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Me

Filer Status
☒ Member of the U.S. House of Representatives
State: NU
District: 12

☐ Officer Or Employee
Employing Office: _____

Report Type
☒ Annual (May 15) ☐ Amendment ☐ Termination
Termination Date: _____

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Rush D. Holt

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
University Medical Center at Princeton	Spouse Salary	N/A

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name

Rush D. Holt

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List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package. Employees may request a green envelope from the Clerk or use a plain envelope that is appropriately labeled.

Source	Activity	Date	Amount
N/A			

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Rush D. Holt

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BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any derivative holding; SEC Rule 12b-1 or less in a personal checking or</p>		<p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
JT	Community Bank	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
JT	Congressional Credit Union	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	Fidelity 457(b) 2025 Freedom Fund	\$50,001 - \$100,000	Tax Deferred	NONE	
SP	Fidelity IRA 2025 Freedom Fund	\$250,001 - \$500,000	Tax Deferred	NONE	
	Froelich Land Trust, Sect. 28, Township 27, Range 3East, Livingston County, IL	\$100,001 - \$250,000	Farm income	\$2,501 - \$5,000	
SP	Lancefield Farm Share, Lancefield Rd., Amity, OR	\$100,001 - \$250,000	Farm income	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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SP	Prudential 403(b), Medley Flex Management Acct. VCA 24	\$15,001 - \$50,000	Tax Deferred	NONE	
	Rental Cabins, 91 Old Hawkeye Rd., AuSable Forks, NY	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	
JT	Rental House, 273A Pennington Rky HI, Pennington, NJ	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	
SP	TIAA IIRA TC Equity Index Retirement Fund	\$15,001 - \$50,000	Tax Deferred	NONE	
SP	TIAA/CREF 403(b) Traditional 30-70	\$500,001 - \$1,000,000	Tax Deferred	NONE	
	TIAA/CREF 403(b) Traditional 45-55	\$250,001 - \$500,000	Tax Deferred	NONE	
	Vanguard Windsor Retirement Fund 401(k)	\$100,001 - \$250,000	Tax Deferred	NONE	
JT	Wells Fargo Bank	\$100,001 - \$250,000	INTEREST	\$1 - \$200	

SCHEDULE IV - TRANSACTIONS

Name *Rush D. Holt*

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	N/A				

FOOTNOTES

Name Rush D. Holt		b	
Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule V	Mortgage on Property, Pennington, NJ, listed on Scheduled V last year (Calendar Year 2010 Financial Disclosure, submitted May 12, 2011) was paid and discharged January 2010. Therefore, it does not appear in this Disclosure Statement	Wells Fargo

SCHEDULE IX - AGREEMENTS

Name

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Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	

SCHEDULE V - LIABILITIES

Name Rush D. Hoyt

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	Wells Fargo	Oct. 2009	Mortgage on property, AuSable Forks, NY	\$250,001 - \$500,000
JT	Wells Fargo	March 2007	Home Equity Loan, Pennington, NJ	\$250,001 - \$500,000

SCHEDULE VI - GIFTS

Name *Rush D. Holt*

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Report the source, a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$350 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
	N/A	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Alliance for Healthcare Reform	January 14-17	Newark, NJ - Ft. Lauderdale, FL - Newark, NJ	Y	Y	Y	1day
Carnegie Institution for Science	January 26-31	DC - Santiago, Chile - Newark, NJ	Y	Y	N	None
Aspen Institute Congressional Program	February 22-27	Philadelphia, PA - Isla Verde, Puerto Rico - Philadelphia, PA	Y	Y	Y	None
Aspen Institute Congressional Progra	April 25-May 1	Philadelphia, PA - Vienna, Austria - Philadelphia, PA	Y	Y	Y	None
Carleton College	September 12-13	Newark, NJ - Northfield, MN - DC	Y	Y	N	None
Aspen Institute Congressional Program	September 24-30	Newark, NJ - Barcelona, Spain - Newark, NJ	Y	Y	Y	None

SCHEDULE VIII - POSITIONS

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Trustees	Planned Parenthood of Mercer Area
Board of Trustees	Carnegie Institution for Science
Board of Trustees	Family Guidance Center Corporation Family & Children's Services